

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
FORM C/OH
COVER SHEET Pg 1
CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

2001 JUL 16 A 8:54

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Councilman Bobby
NICKNAME LAST SUFFIX
Perez

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box 5344 San Antonio, TX 78201

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Kevin S
NICKNAME LAST SUFFIX
MESSENGER

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
3481 Fredricksburg Rd
San Antonio, TX 78201

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 938.4445

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
4 / 15 / 01 THROUGH 6 / 30 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
N/A / / ☐ Primary ☒ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

City Council Dist 1

12 OFFICE SOUGHT (if known)

N/A

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

N/A

Address / PO Box: Apt. / Suite #: City: State: Zip Code

N/A

☐ additional pages

GO TO PAGE 2



**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME****15 ACCOUNT #** (Enter Commission #)**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ NA

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 24,285

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ NA

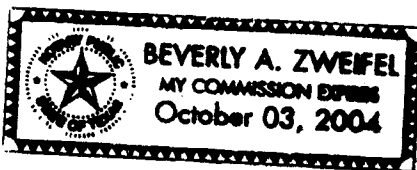
4. TOTAL POLITICAL EXPENDITURES

\$ 24,470.61

**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ NA

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert J. Perez, this the 13th day of July, 20 01, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Beverly Zweifel
Printed name of officer administering oath

Beverly Zweifel
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

1 of 12

2 FILER NAME

Bobby Perez

2001 JUL 16 A 8:54

3 ACCOUNT # (Ethics Commission file)

4 Date

4/6/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

G Hasselocher

6 Contributor address; City; State; Zip Code

8520 Crownhill Blvd
San Antonio, TX 782097 Amount of
contribution (\$)

\$2500

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/6/01

Full name of contributor

☐ out-of-state PAC (ID#)

Esther DeLeon

Contributor address; City; State; Zip Code

715 Westwood
San Antonio, TX 78212Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/9/01

Full name of contributor

☐ out-of-state PAC (ID#)

Michael McGowan

Contributor address; City; State; Zip Code

148 Terrell Rd
San Antonio, TX 78209Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/10/01

Full name of contributor

☐ out-of-state PAC (ID#)

Payton Trost

Contributor address; City; State; Zip Code

148 Terrell Rd
San Antonio, TX 78209Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/10/01

Full name of contributor

☐ out-of-state PAC (ID#)

Joe Campian

Contributor address; City; State; Zip Code

802 S St. Marys St
San Antonio, TX 78205Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/DH, C/DH-SB, SC-C/DH,
SC-SPAC, SPAC, & SPAC-SB)

The instruction Guide explains how to complete this form.				1 Total pages this Schedule A1: 4 of 12	
2 FILER NAME Bobby Rera				3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/25/01	5 Full name of contributor Pablo Trizany	<input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City, State; Zip Code 2301 Fresno San Antonio, TX 78201					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 4/25/01	Full name of contributor Fred Chancy	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 1407 San Pedro Apto San Antonio TX 78212					
Principal occupation (Optional)			Employer (Optional)		
Date 4/19/01	Full name of contributor J.P. Zachary	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 310 S. SE Marys St San Antonio, TX 78205					
Principal occupation (Optional)			Employer (Optional)		
Date 4/14/01	Full name of contributor San Antonio Firefighters PAC	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 735 W. Magnolia San Antonio, TX 78202					
Principal occupation (Optional)			Employer (Optional)		
Date 4/20/01	Full name of contributor IBEW PAC	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 1125 15th St. N.W. Washington DC					
Principal occupation (Optional)			Employer (Optional)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

Total pages this Schedule A1:

5 of 12

2 FILER NAME

Bobby Remy

3 ACCOUNT # (Ethics Commission filers)

8:55

4 Date

4/23/01

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

San Antonio Realtors PAC

6 Contributor address; City; State; Zip Code

9110 IH 10 W
San Antonio, TX 782307 Amount of
contribution (\$)4750⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/25/01

Full name of contributor ☐ out-of-state PAC (ID# _____)

Trene Rangel

Contributor address; City; State; Zip Code

2301 FRESNO ST
SAN ANTONIO, TX 78201Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/26/01

Full name of contributor ☐ out-of-state PAC (ID# _____)

TALAMANTEZ KARATE

Contributor address; City; State; Zip Code

1575 BANDERA Rd
SAN ANTONIO TX 78228Amount of
contribution (\$)150⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/25/01

Full name of contributor ☐ out-of-state PAC (ID# _____)

Manuel Escobar

Contributor address; City; State; Zip Code

201 W. Poplar
San Antonio, TX 78212Amount of
contribution (\$)1000⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/27/01

Full name of contributor ☐ out-of-state PAC (ID# _____)

John Agathos

Contributor address; City; State; Zip Code

300 W. French Pl
San Antonio, TX 78212Amount of
contribution (\$)1000⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: <u>608 12</u>	
2 FILER NAME <u>Bobby Perry</u>		3 ACCOUNT # (Ethics Commission file)	
4 Date <u>4/25/01</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>2001 02 15</u>) <u>Neal Hildebrandt</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code <u>1070 Eagles Landing Blvd</u> <u>Oak Point TX 75068</u>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>4/12/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>James Litshutz</u>	Amount of contribution (\$) <u>1,000⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <u>215 W. TRAVIS</u> <u>SAN ANTONIO, TX 78205</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>4/12/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Bernard Litshutz</u>	Amount of contribution (\$) <u>1,000⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <u>215 W TRAVIS</u> <u>SAN ANTONIO, TX 78205</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>4/23/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Paul Davila</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <u>457 Mary Louise</u> <u>SAN ANTONIO, TX 78201</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>4/25/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>David Kelly</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <u>5485 Beltline</u> <u>Dallas, TX 75240</u>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-S2, SC-C/OH,
SC-SPAC, SPAC, & SPAC-S2)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 7 of 12	
2 FILER NAME Printed Name: Bobby Perez		3 ACCOUNT # (Commission filers)	
4 Date 4/25/01	5 Full name of contributor Printed Name: Gary Contributor address; City, State, Zip Code 16304 RANGLITA Dr. Dallas, TX 75248	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/13/01	Full name of contributor Sauls, Wallace Contributor address; City, State, Zip Code 100 W Houston San Antonio, TX 78201	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/18/01	Full name of contributor 3 DI PAC Contributor address; City, State, Zip Code 1900 West Loop So. #600 Houston, TX 77027	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/25	Full name of contributor John Convey Contributor address; City, State, Zip Code 235 E. Linwood Pl San Antonio, TX 78212	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/26/01	Full name of contributor Anne Lopez Contributor address; City, State, Zip Code 822 W. Mulberry Ave San Antonio, TX 78212	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: <i>8 of 12</i>	
2 FILER NAME <i>Robby Peray</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/23/01</i>	5 Full name of contributor <i>Phillip P. Burmcozio</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code <i>24 Galleria Dr. San Antonio, TX 78257</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>4/23/01</i>	Full name of contributor <i>Norma Jean Wilke</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>518 W Gramercy San Antonio, TX 78212</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>4/23/01</i>	Full name of contributor <i>AFL-CIO</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>1625 L St. NW. Washington DC 20036</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>5/13/01</i>	Full name of contributor <i>Ruben Cortez</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>336 E Quail San Antonio, TX 78228</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>4/5/01</i>	Full name of contributor <i>David Cortez</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>218 Produce Row San Antonio, TX 78207</i>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SB, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SB)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: <i>Page 12</i>	
2 FILER NAME <i>Bobby Perez</i>		3 ACCOUNT # (Ethics Commission filers) <i>10</i>	
4 Date <i>5/4/01</i>	5 Full name of contributor <i>Angela Garcia</i> <input type="checkbox"/> out-of-state PAC (ID# _____) 2001 JUL 15 A 8:55	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code <i>2731 W. Miseltoe SAN ANTONIO, TX 78228</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>4/6/01</i>	Full name of contributor <i>George Cortez</i> <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City, State; Zip Code <i>3118 Goldsboro San Antonio, TX 78230</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>4/28/01</i>	Full name of contributor <i>ULTRA MAR Diamond Shawcock</i> <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City, State; Zip Code <i>PO BOX 696000 San Antonio, TX 78269</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>5/4/01</i>	Full name of contributor <i>Sandra Bliss</i> <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City, State; Zip Code <i>122 Redrock San Antonio, TX 78213</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>5/8/01</i>	Full name of contributor <i>Alfonso Chiscano</i> <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City, State; Zip Code <i>15243 Pebble Cove San Antonio, TX 78232</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SB, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SB)

The instruction Guide explains how to complete this form.				1 Total pages this Schedule A1: 10 of 12	
2 FILER NAME <i>Ebby Key</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/23/01</i>	5 Full name of contributor <i>Brenda Vickery Johnson</i> <input type="checkbox"/> out-of-state PAC (ID#)	6 Contributor address; City, State, Zip Code <i>13055 N. Hunters Cir San Antonio, TX 78230</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
Date <i>5/2/01</i>	Full name of contributor <i>Edwards Brown</i> <input type="checkbox"/> out-of-state PAC (ID#)	Contributor address; City, State, Zip Code <i>331 W Commerce San Antonio, TX 78205</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date <i>5/4/01</i>	Full name of contributor <i>Frank Sepulveda</i> <input type="checkbox"/> out-of-state PAC (ID#)	Contributor address; City, State, Zip Code <i>211 Mecca Dr San Antonio, TX 78232</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date <i>4/13/01</i>	Full name of contributor <i>Daniel Markson</i> <input type="checkbox"/> out-of-state PAC (ID#)	Contributor address; City, State, Zip Code <i>2421 Lake Parkcrest Dr Miami Beach, FLA</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date <i>4/16/01</i>	Full name of contributor <i>Elliott Stone</i> <input type="checkbox"/> out-of-state PAC (ID#)	Contributor address; City, State, Zip Code <i>13155 Keystone Terrace North Miami, FLA</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.				1 Total pages this Schedule A1: 11 of 12	
2 FILER NAME Bobby Reus				3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/4/01	5 Full name of contributor Jimmy Jimenez	<input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) 250 ⁰⁰	8 In-kind contribution description (if applicable)	
6 Contributor address; City, State; Zip Code 4024 Glen Rock San Antonio, TX 78240					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 4/15/01	Full name of contributor Darren Casey	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 200 Concord Plaza San Antonio, TX 78216					
Principal occupation (Optional)			Employer (Optional)		
Date 5/1/01	Full name of contributor Grande Communications - PAC	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 401 Carlson Circle San Marcos 78666					
Principal occupation (Optional)			Employer (Optional)		
Date 6/4/01	Full name of contributor JDE McKinney	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 4110 Yorkshire Spring Branch TX					
Principal occupation (Optional)			Employer (Optional)		
Date 5/7/01	Full name of contributor James Bastoni	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 5000 ⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 106 OTTAWA Run San Antonio, TX 78231					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SB, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SB)

The instruction Guide explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 JUL 16
4 8:55

1 Total pages this Schedule A1: 12 of 12

2 FILER NAME

Bobby Perry

3 ACCOUNT # (Ethics Commission file)

4 Date

6/2/00

5 Full name of contributor ☐ out-of-state PAC (ID#)

Jim Greenwood / VALPAC

6 Contributor address; City; State; Zip Code

*1 Valero Pl
San Antonio, TX 78212*

7 Amount of contribution (\$)

1000⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

2001 JUL 16 A 8:55

1 Total pages Schedule F: 9

2 FILER NAME

Bobby Perry

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

MESSAGE AMERICA & Presentation

6 Payee address; City; State; Zip Code

Austin, TX

7 Amount (\$)

\$7500

8 Purpose of payment (See instructions regarding type of information required.)

Services rendered

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Ed Garza Campaign

Payee address; City; State; Zip Code

Brownsville
San Antonio, TX 78201

Amount (\$)

\$1000

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Tom Daniels

Payee address; City; State; Zip Code

54 MARYS ST
San Antonio, TX 78205

Amount (\$)

\$2500

Purpose of payment (See instructions regarding type of information required.)

Services rendered

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

U.S. Post Master

Payee address; City; State; Zip Code

Vance Jackson 78201

Amount (\$)

1584.55

Purpose of payment (See instructions regarding type of information required.)

Postage

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME

Bobby Lewis

3 ACCOUNT # (Ethics Commission Bars)

4 Date

5 Payee name

US Post Master

7 Amount (\$)

6 Payee address;

City; State; Zip Code

Vance Jackson

San Antonio, TX 78201

78.90

8 Purpose of payment (See instructions regarding type of information required.)

Postage

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Justin Martinez

Amount (\$)

Payee address;

City; State; Zip Code

2826 Vance Jackson

San Antonio TX 78212

750⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Services (web site)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Fuan Melchor

Amount (\$)

Payee address;

City; State; Zip Code

2826 Vance Jackson

San Antonio TX

250⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Services

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Robert Garza

Amount (\$)

Payee address;

City; State; Zip Code

3027 Navajo

San Antonio, TX 78211

500⁰⁰

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

8:55 3 of 9

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

US Post Master

7

Amount
(\$)

6 Payee address; City; State; Zip Code

Vance Jackson

San Antonio, TX 78201

1568⁰⁷

8 Purpose of payment (See instructions regarding type of information required.)

Postage

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Cypress Grill

Amount
(\$)

Payee address; City; State; Zip Code

101 Smedley Ave

San Antonio TX 78212

320²⁶

Purpose of payment (See instructions regarding type of information required.)

Food

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Jamaican Jerk BBQ

Amount
(\$)

Payee address; City; State; Zip Code

410 Magnolia

San Antonio, TX 78212

393⁷⁶

Purpose of payment (See instructions regarding type of information required.)

Food

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Invitalia Alumni

Amount
(\$)

Payee address; City; State; Zip Code

San Antonio, TX 78201

250⁰⁰

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 8-55 pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2001 JUL 15 A 8:56 5 of 9

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7

Amount
(\$)

5/11/01

6 Payee address;

City; State; Zip Code

El Buen Pastor
100 La Trinidad Specos
San Antonio TX 78205300⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Donation

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

5/15/01

Payee address;

City; State; Zip Code

Facion Rodriguez
San Antonio, TX 782161000⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Services

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

5/16/01

Payee address;

City; State; Zip Code

Ruben Munia Scholarship Fund
San Antonio, TX 78205250⁰⁰

Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

5/19

Payee address;

City; State; Zip Code

Continuum Store
13455 Rd
San Antonio TX37⁴⁴

Purpose of payment (See instructions regarding type of information required.)

Supplies

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

7001 JUN 15 A 8:56 6 of 9

2 FILER NAME

Bobby King

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

Alhambra

6 Payee address;

City; State; Zip Code

St Marys St

San Antonio TX 78212

7

Amount
(\$)25²⁵

8 Purpose of payment (See instructions regarding type of information required.)

Fuel

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Exxon

Payee address;

City; State; Zip Code

Smyth St

San Antonio, TX 78212

Amount
(\$)33²³

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Dunsky

Payee address;

City; State; Zip Code

Amount
(\$)33⁴⁴

Purpose of payment (See instructions regarding type of information required.)

Phone

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Alhambra ~~fuel~~

Payee address;

City; State; Zip Code

St Marys St

San Antonio TX 78212

Amount
(\$)29²⁹

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 ACCOUNT # (Ethics Commission filer)

2 FILER NAME

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

6 Payee address;

City; State; Zip Code

8

Purpose of payment (See instructions regarding type of information required.)

9

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9/9

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Councilman Bobby J NICKNAME LAST SUFFIX PEREZ			OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 5344 San Antonio, TX 78201 <input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI KEVIN NICKNAME LAST SUFFIX MESSENGER				
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3481 FREDRICKSBURG RD. San Antonio, TX 78201			<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR 26 P 3:58 </div>	
7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (210) 938-4945					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 4 / 01 4 / 26 / 01				
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special 5 / 5 / 01				
11 OFFICE	OFFICE HELD (if any) City Council Dist. 1		12 OFFICE SOUGHT (if known) City Council Dist. 1		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name N/A Address / PO Box; Apt. / Suite #; City; State; Zip Code N/A				
	<input type="checkbox"/> additional pages				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

NA

COMMITTEE ADDRESS

NA

COMMITTEE CAMPAIGN TREASURER NAME

NA

COMMITTEE CAMPAIGN TREASURER ADDRESS

NA

☐ additional pages

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2001 APR 26 P 3:31

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 10,085⁰⁰EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

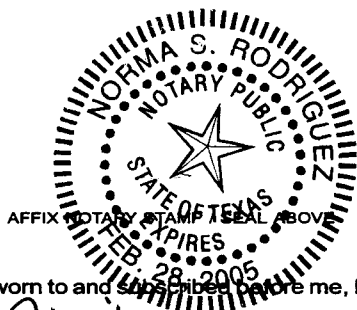
\$ 20049⁰⁰OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bobby Perez, this the 26th day of April, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

Bobby PEREZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/4/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Richard EVANS

6 Contributor address; City; State; Zip Code

315 TERRELL RD

SAN ANTONIO, TX 78209

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/4/01

Full name of contributor

☐ out-of-state PAC (ID#)

Paul J. OLIVER

Contributor address; City; State; Zip Code

315 TERRELL RD.

SAN ANTONIO, TX 78209

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/4/01

Full name of contributor

☐ out-of-state PAC (ID#)

T. C. Frost

Contributor address; City; State; Zip Code

P.O. Box 1600

SAN ANTONIO, TX 78296

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/4/01

Full name of contributor

☐ out-of-state PAC (ID#)

Rick Reyna

Contributor address; City; State; Zip Code

10101 Reunion Pl # 1000

SAN ANTONIO, TX 78216

Amount of
contribution (\$)

\$500

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/4/01

Full name of contributor

☐ out-of-state PAC (ID#)

J. Russell Davis

Contributor address; City; State; Zip Code

7710 Jones Matheson

SAN ANTONIO, TX 78216

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1 2 of 2	
2 FILER NAME Bobby Peay		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/11/01	5 Full name of contributor David Beck Contributor address; City; State; Zip Code 724 N St Marys San Antonio, TX 78205	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/11/01	Full name of contributor Pat Frost Contributor address; City; State; Zip Code 604 Gentry Rd San Antonio, TX 78209	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/11/01	Full name of contributor Tim Tugger Contributor address; City; State; Zip Code 804 Evans Rd San Antonio, TX 78209	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/11/01	Full name of contributor Chris Carson Contributor address; City; State; Zip Code 1138 E. Commerce San Antonio, TX 78205	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/11/01	Full name of contributor Rick Sheldon Contributor address; City; State; Zip Code 4006 Green Oak Dr San Antonio, TX 78210	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

3 of 8

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filer)

4 Date

2/11/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

S.A. Apartment Association

6 Contributor address; City; State; Zip Code

41204 Gardendale
San Antonio, TX 78229

7 Amount of contribution (\$)

1,000.00
~~500.00~~

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Carlos Resendiz

Contributor address; City; State; Zip Code

4835 E. Beverly Dr
San Antonio, TX 78229

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

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CITY OF SAN ANTONIO
CITY CLERK
2001 APR 26 P 3:51

Principal occupation (Optional)

Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Roger Campos

Contributor address; City; State; Zip Code

16507 Inwood Dr
San Antonio, TX 78248

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Dennis Behrens

Contributor address; City; State; Zip Code

142 E. Elsmere Pl
San Antonio, TX 78212

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Peter Holt

Contributor address; City; State; Zip Code

H04 Box 620
Blanco, TX 78606

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule *4 of 8*

2 FILER NAME

Bobby Percey

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/11/01

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Rosalinda Flores

6 Contributor address; City; State; Zip Code

*117 Weymouth
San Antonio, TX 78212*

7 Amount of contribution (\$)

\$30.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

Natalie Peterson

Contributor address; City; State; Zip Code

*34 Brecken Ave
San Antonio TX 78212*

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ermino Torres

Contributor address; City; State; Zip Code

*2701 San Pedro
San Antonio, TX 78212*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

Hector Cardenas

Contributor address; City; State; Zip Code

*539 W. Elmore Pl
San Antonio, TX 78212*

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

Frank Espinoza

Contributor address; City; State; Zip Code

*738 W French
San Antonio, TX 78212*

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 5 of 8	
2 FILER NAME Bobby Percy		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/18/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Valentine Aguilar 6 Contributor address; City; State; Zip Code 424 Westwood Dr. San Antonio, TX 78212	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable) 2001 APR 20 P 31 RECEIVED CITY OF SAN ANTONIO CITY CLERK
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack Stein Contributor address; City; State; Zip Code 323 Bexcoak San Antonio, TX 78230	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Weiner Contributor address; City; State; Zip Code PO Box 7608 San Antonio, TX 78207	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Salomon Contributor address; City; State; Zip Code 2 Edwood Knoll San Antonio, TX 78248	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bonnie Anthony Contributor address; City; State; Zip Code 131 Palo Verde San Antonio, TX 78232	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 6 of 8	
2 FILER NAME Bobby Perry		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/01	5 Full name of contributor Thomas D. DeMachar Contributor address; City; State; Zip Code 14607 Bluff Manor Dr San Antonio, TX 78216	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/19/01	Full name of contributor Jeffrey Smiler Contributor address; City; State; Zip Code 2223 Edwain Loop San Antonio, TX 78259	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/19/01	Full name of contributor Laurie Leach Contributor address; City; State; Zip Code 1130 Santa Clara Loop Marion, TX 78124	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/19/01	Full name of contributor Karen Vasquez Contributor address; City; State; Zip Code 300 Concord Dr San Antonio 78216	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/19/01	Full name of contributor Phillip Pagnall Contributor address; City; State; Zip Code 216 Lament Ave San Antonio, TX 78209	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

7 of 8

2 FILER NAME

Bobby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/12/00

5 Full name of contributor ☐ out-of-state PAC (ID#:

CEC of TEXAS

6 Contributor address; City; State; Zip Code

400 W 15th St #820
Austin, TX 78701

7 Amount of
contribution (\$)

500⁰⁰

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/6/01

Full name of contributor ☐ out-of-state PAC (ID#:

TURNER, Collier & BRADEN

Contributor address; City; State; Zip Code

PO Box 130089
Houston TX 77219

Amount of
contribution (\$)

200⁰⁰

In-kind contribution
description (if applicable)

2001 APR 2 P 3:31
CITY OF SAN ANTONIO
CITY CLERK

Principal occupation (Optional)

Employer (Optional)

Date

4/6/01

Full name of contributor ☐ out-of-state PAC (ID#:

Cam - PAC

Contributor address; City; State; Zip Code

1500 City West Blvd 10th floor
Houston, TX 77042

Amount of
contribution (\$)

210⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/12/01

Full name of contributor ☐ out-of-state PAC (ID#:

BRAD DAVIS

Contributor address; City; State; Zip Code

11434 Whisper Dawn
San Antonio, TX 78230

Amount of
contribution (\$)

180⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/12/01

Full name of contributor ☐ out-of-state PAC (ID#:

Jesse S. Carranbias

Contributor address; City; State; Zip Code

204 Shalimar
San Antonio, TX 78213

Amount of
contribution (\$)

200⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

Bot 8

2 FILER NAME

Rebby Namy

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

4/12/01

Dan Darden

6 Contributor address; City; State; Zip Code

411 Fm 473
Comfort TX 78013

200⁰⁰

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/16/01

Contributor address; City; State; Zip Code

4643 Green Willow Rd
San Antonio, TX 78249

200⁰⁰

2001 APR 26

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/4/01

Contributor address; City; State; Zip Code

15322 PEBBLE DEN
San Antonio, TX 78232

200⁰⁰

APR 31

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/4/01

Contributor address; City; State; Zip Code

5923 Oak Country Way
San Antonio, TX 78247

60⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/4/01

Contributor address; City; State; Zip Code

Ilana Kistner PAC
P.O. Box 640287
San Antonio, TX 78269

320⁰⁰

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of

2 FILER NAME

Rebby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

La Trinidad

7 Amount (\$)

6 Payee address; City; State; Zip Code

4/4/01

311 S. Pecos La Trinidad San Antonio TX 78205

50.00

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Thomas Aguilar

Payee address; City; State; Zip Code

535 W. Magnolia
San Antonio TX 78212

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Services Rendered

Date

Payee name

Chenichill Booster Club

Payee address; City; State; Zip Code

Blanco Rd
San Antonio TX 78216

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Sponsorship fees

Date

Payee name

Waste Management of TX

Payee address; City; State; Zip Code

4730 SE Loop 410
San Antonio, TX 78222

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Sponsorship fees for Tundraiser

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of

2 FILER NAME

Bobby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Message Audience Presentation

6 Payee address; City; State; Zip Code

2400 S. 4th St
Austin, TX 78704

7 Amount (\$)

\$ 7200⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Services Rendered

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Melissa Coulter

Payee address; City; State; Zip Code

2233 Vance Jackson San Antonio, TX 78212

Amount (\$)

2001 APR 26

APR 26

APR 26

APR 26

APR 26

APR 26

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APR 26

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

United States Post Office

Payee address; City; State; Zip Code

Vance Jackson Rd
San Antonio, TX 78201

Amount (\$)

807⁹³

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

San Antonio Post

Payee address; City; State; Zip Code

San Antonio, TX

Amount (\$)

300⁰⁰

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of

2 FILER NAME

Bobby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Sami Burger

7 Amount (\$)

6 Payee address; City; State; Zip Code

Grayson St
San Antonio, TX 78212

22.53

8 Purpose of payment (See instructions regarding type of information required.)

Food for workers

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Mail Box Etc

Payee address; City; State; Zip Code

108 McCallough
San Antonio, TX 78212

Amount (\$)

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CITY CLERK
2001 APR 26 P 3:32

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Albertson's

Payee address; City; State; Zip Code

2221 N. St. Mary's
San Antonio, TX 78212

Amount (\$)

25.88

Purpose of payment (See instructions regarding type of information required.)

Fuel

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Bullock Expressions

Payee address; City; State; Zip Code

Cypress
San Antonio, TX 78205

Amount (\$)

105.54

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 8

2 FILER NAME

Bobby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Exxon

7 Amount (\$)

4/28/01

6 Payee address;

City; State; Zip Code

1108 Ego San Pedro
San Antonio, TX 78212

24.44

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CITY OF SAN ANTONIO
CITY CLERK
APR 26 2001
3:32 PM

8 Purpose of payment (See instructions regarding type of information required.)

Fuel

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Date

Payee name

Sams Burgers

Payee address;

City; State; Zip Code

Grayson St

San Antonio, TX 78212

Amount (\$)

63.22

Purpose of payment (See instructions regarding type of information required.)

Food for workers

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Taco Catana

Payee address;

City; State; Zip Code

985 Broadway

San Antonio, TX 78205

Amount (\$)

20.95

Purpose of payment (See instructions regarding type of information required.)

Lunch of staff
Food9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Home Depot

Payee address;

City; State; Zip Code

Sunset

San Antonio, TX 78209

Amount (\$)

260.49

Purpose of payment (See instructions regarding type of information required.)

Lumber

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of

2 FILER NAME

Bobby Leroy

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Southwestern Bell

7 Amount (\$)

6 Payee address; City; State; Zip Code

San Antonio, TX

150⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Telephone expenses

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Sams Burgers

Payee address; City; State; Zip Code

Garrison St

San Antonio, TX 78212

Amount (\$)

51

Purpose of payment (See instructions regarding type of information required.)

Food for Staff

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Albertson's

Payee address; City; State; Zip Code

2221 St Mary's
San Antonio, TX 78212

Amount (\$)

22⁵⁴

Purpose of payment (See instructions regarding type of information required.)

Supplies

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Kinkos

Payee address; City; State; Zip Code

8222 Broadway
San Antonio, TX

Amount (\$)

483⁸²

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 of 6

2 FILER NAME

Rebby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Kinkos

6

7 Amount (\$)

6 Payee address;

City; State; Zip Code

4/19/01

San Antonio, TX

1303.66

8 Purpose of payment (See instructions regarding type of information required.)

Printing

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Kathys Stamps

Payee address;

City; State; Zip Code

Amount (\$)

4/23

San Antonio, TX 782

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CITY CLERK
2001 APR 26 P 3 32

Purpose of payment (See instructions regarding type of information required.)

Stamps

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Kinkos

Payee address;

City; State; Zip Code

Amount (\$)

4/23

8227 Broadway
San Antonio, TX 78209

749.08

Purpose of payment (See instructions regarding type of information required.)

Print Expenses

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

EXXON

Payee address;

City; State; Zip Code

Amount (\$)

4/23

1108 San Pedro
San Antonio, TX 782

15.11

Purpose of payment (See instructions regarding type of information required.)

Fuel

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 7

2 FILER NAME

Bobby Leray

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

HEB

7 Amount (\$)

6 Payee address; City; State; Zip Code

Olmos Dr.

San Antonio, TX

78212

2843

8 Purpose of payment (See instructions regarding type of information required.)

i Supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

US Post Office

Payee address; City; State; Zip Code

Lance Jackson

San Antonio, TX 78201

Amount (\$)

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CLERK
2001 APR 26 P 3:32

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Sma's Burger

Payee address; City; State; Zip Code

Gonzales St

San Antonio, TX

78212

Amount (\$)

37.50

Purpose of payment (See instructions regarding type of information required.)

Food for Workers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Senior Sentinel

Payee address; City; State; Zip Code

San Antonio, TX

782

Amount (\$)

220.00

Purpose of payment (See instructions regarding type of information required.)

Advertising Expense

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 of

2 FILER NAME

Bobby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/23/01

6 Payee address;

City; State; Zip Code

Message Audience; Presentation
2400 S. 4th St
Austin, TX 78704

7200.00

8 Purpose of payment (See instructions regarding type of information required.)

Services rendered

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address;

City; State; Zip Code

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
APR 26 P 3:32

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Councilman FIRST Bobby MI I NICKNAME LAST PEREZ SUFFIX		OFFICE USE ONLY Date Received 2001 APR - CITY OF SAN ANTONIO CITY CLERK RECEIVED P 2:18 Amount Date Hand-delivered or Date Returned Receipt # Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 70 Box 5344 APT / SUITE #: SAN ANTONIO, TX CITY: 78201 STATE: ZIP CODE		
5 CAMPAIGN TREASURER NAME	TITLE Kevin FIRST S MI NICKNAME LAST MESSENGER SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 3481 Fredericksburg Rd APT / SUITE #: SAN ANTONIO, TX CITY: 78201 STATE: ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 938-4945		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 16 / 01 4 / 4 / 01		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 15 / 01		
11 OFFICE	OFFICE HELD (if any) City Council Dist 1	12 OFFICE SOUGHT (if known) City Council Dist 1	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name N/A Address / PO Box: Apt. / Suite #: City: State: Zip Code N/A		
GO TO PAGE 2			



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1/15

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission files)

4 Date

1/3/01

5 Payee name

SAN ANTONIO OBSERVER

6 Payee address; City; State; Zip Code

San Antonio TX

7 Amount (\$)

210.00

8 Purpose of payment (See instructions regarding type of information required.)

Advertising

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

1/17/01

Payee name

OMNISKY

Payee address; City; State; Zip Code

San Diego, Calif

Amount (\$)

33.00

Purpose of payment (See instructions regarding type of information required.)

Cellular Service

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

1/17/01

Payee name

RAINBOW SPIRITS

Payee address; City; State; Zip Code

2811 St Marys Street San Antonio, TX 78212

Amount (\$)

54.12

Purpose of payment (See instructions regarding type of information required.)

Gift to Staff

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

1/17/01

Payee name

St. Frances Church

Payee address; City; State; Zip Code

1506 San Cosimiro St. 78214

Amount (\$)

50.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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CITY OF SAN ANTONIO
CITY CLERK
2001 APR - 5 PM 2:20

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/23/01

Petrochem Club

6 Payee address; City; State; Zip Code

8620 N. New Braunfels, San Antonio 78209

264.52

8 Purpose of payment (See instructions regarding type of information required.)

Funder's Expenses

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

2001

Date

Payee name

Amount (\$)

2/1/01

Luis Rodriguez

Payee address; City; State; Zip Code

109 W. Grayson 78205

1200

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/13/01

Target

Payee address; City; State; Zip Code

8421 HWY 281 San Antonio TX 78212

57.44

Purpose of payment (See instructions regarding type of information required.)

Supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/13/01

Home Depot

Payee address; City; State; Zip Code

435 W. Sunset San Antonio TX 78209

251.21

Purpose of payment (See instructions regarding type of information required.)

Supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/13/01	5 Payee name Sprint 6 Payee address: City: State: Zip Code 255 E. Basse The Quarry San Antonio, TX 78209	7 Amount (\$) 32.33
-------------------	--	------------------------

8 Purpose of payment (See instructions regarding type of information required.) Cellular Service	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 2/13/01	Payee name Sprint Payee address: City: State: Zip Code 255 E Basse The Quarry, San Antonio, TX 78209	Amount (\$) 140.22
-----------------	--	-----------------------

Purpose of payment (See instructions regarding type of information required.) Cellular Service	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 2/14/01	Payee name San Antonio Business Journal Payee address: City: State: Zip Code 70 NE Loop 410 Ste. 350 San Antonio, TX 78216	Amount (\$) 25.00
-----------------	---	----------------------

Purpose of payment (See instructions regarding type of information required.) Event Fees	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 2/14/01	Payee name Dmisky Payee address: City: State: Zip Code San Diego, California	Amount (\$) 33.96
-----------------	---	----------------------

Purpose of payment (See instructions regarding type of information required.) Cellular Service	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Bios Latin Grill

7 Amount (\$)

6 Payee address; City; State; Zip Code

2/13/01 7325 Broadway San Antonio, TX 78209

25⁹³

8 Purpose of payment (See instructions regarding type of information required.)

Expenses

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Albersons

Amount (\$)

Payee address; City; State; Zip Code

2/13/01 2224 S. St. Mary's St
HWY 281 San Antonio, TX 7821229²⁹

Purpose of payment (See instructions regarding type of information required.)

Fuel Expenses

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

WHL Mart

Amount (\$)

Payee address; City; State; Zip Code

2/13/01 8500 Jones Maltzberger San Antonio TX 78209

79¹²

Purpose of payment (See instructions regarding type of information required.)

Supplies

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Target

Amount (\$)

Payee address; City; State; Zip Code

2/13/01 8421 HWY 281 San Antonio TX 782

57³³

Purpose of payment (See instructions regarding type of information required.)

Supplies

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5/15	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/16	5 Payee name Home Depot	7 Amount (\$) 93.74	
6 Payee address; City; State; Zip Code 435W. Sunset San Antonio TX 78209			
8 Purpose of payment (See instructions regarding type of information required.)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/17/01	Payee name Michael Villarreal	Amount (\$) 1750	
Payee address; City; State; Zip Code Blanco Rd San Antonio, TX			
Purpose of payment (See instructions regarding type of information required.) Statistical Services		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/17/01	Payee name Holy Family	Amount (\$) 1000	
Payee address; City; State; Zip Code 152 Florencia San Antonio TX 78228			
Purpose of payment (See instructions regarding type of information required.) Contribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/17/01	Payee name City of San Antonio	Amount (\$) 243.99	
Payee address; City; State; Zip Code Main Plaza San Antonio, TX 78205			
Purpose of payment (See instructions regarding type of information required.) Expenses		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/20/04

Blanca Montez

6 Payee address; City; State; Zip Code

910 W. Frio San Antonio, Tx

75⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Contribution

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/21/04

U.S. Post Office

Payee address; City; State; Zip Code

Laurel Heights Branch
San Antonio, TX 78212564²⁵

Purpose of payment (See instructions regarding type of information required.)

Postage

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/21/00

Melissa Coulter

Payee address; City; State; Zip Code

2826 Vance Jackson
San Antonio, TX32³¹

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/21/01

Robert Garza Campaign

Payee address; City; State; Zip Code

3027 Navajo
San Antonio, TX 78211500⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

City of San Antonio

7 Amount (\$)

2/23/01

6 Payee address;

City; State; Zip Code

Main Plaza 78205

9 65

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Phone Expense

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Edison High PTA

Amount (\$)

2/24/01

Payee address;

City; State; Zip Code

701 Santa Monica San Antonio, TX 78212

50

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Purpose of payment (See instructions regarding type of information required.)

Donation

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Luke Rodriguez

Amount (\$)

2/25/01

Payee address;

City; State; Zip Code

535 W. Magnolia
San Antonio TX 78212

101 54

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

US Postal Service

Amount (\$)

2/27/01

Payee address;

City; State; Zip Code

Laurel Heights Branch San Antonio TX 78212

134 40

Purpose of payment (See instructions regarding type of information required.)

Postage for mail out

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Martinez St. Womens Shelter

7 Amount (\$)

6 Payee address; City; State; Zip Code

2/28/01

316 Martinez San Antonio TX 78205

250⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

contribution.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Luke Rodriguez

Amount (\$)

Payee address; City; State; Zip Code

3/1/01

535 W. Magnolia San Antonio, TX 78212

1200

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

DANNY GARCIA 6-2-1 Graphics

Amount (\$)

Payee address; City; State; Zip Code

3/6/01

621 E. Dewey San Antonio, TX 78202

530⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Shirts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Mobile Mini Storage

Amount (\$)

Payee address; City; State; Zip Code

3/10/01

16707 N. IH 35 San Antonio, TX 78154

344.67

Purpose of payment (See instructions regarding type of information required.)

Storage Bin

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

9/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Allied Advertising

7 Amount (\$)

6 Payee address;

City; State; Zip Code

3/10/01 3700 Blanco Rd San Antonio, TX 78202 1500⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Signs / Advertising

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Melissa Coulter

Amount (\$)

3/16/01 2826 Vance Jackson San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Mike Rodriguez

Amount (\$)

3/16/01 533 W. Magnolia San Antonio, TX 78212 53³⁴

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

US Postal Services

Amount (\$)

3/19/01 Laurel Heights Branch San Antonio TX 78212 281⁵²

Purpose of payment (See instructions regarding type of information required.)

Postage for Mail out

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission file #)

4 Date

5 Payee name

Manuel S. Perez

7 Amount (\$)

3/19/01

6 Payee address; City; State; Zip Code

56 Vaughan San Antonio, TX 78201

600.00

8 Purpose of payment (See instructions regarding type of information required.)

Services

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Home Depot

Amount (\$)

3/20/01

Payee address; City; State; Zip Code

435 W Sunset San Antonio TX 78209

128.50

Purpose of payment (See instructions regarding type of information required.)

Supplier

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Radio Shack

Amount (\$)

3/20/01

Payee address; City; State; Zip Code

11543 West Ave San Antonio TX 78213

24.79

Purpose of payment (See instructions regarding type of information required.)

Supplies

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Danvisky

Amount (\$)

3/20/01

Payee address; City; State; Zip Code

San Diego, California

33.86

Purpose of payment (See instructions regarding type of information required.)

Cellular Service

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages Schedule F:

11/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/21/01

Mobile Mini

6 Payee address; City; State; Zip Code

16707 N IH 35 San Antonio TX 78154

121.22

8 Purpose of payment (See instructions regarding type of information required.)

Storage Fees

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/21/01

Comp USA

Payee address; City; State; Zip Code

820 Rector
San Antonio, TX 78216

91.82

Purpose of payment (See instructions regarding type of information required.)

Supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/21/01

RTC Florist

Payee address; City; State; Zip Code

1420 Fredericksburg San Antonio TX 78201

39.37

Purpose of payment (See instructions regarding type of information required.)

Gifts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/22/01

Sears

Payee address; City; State; Zip Code

6301 N.W. Loop 410
Central Park Mall San Antonio, TX 782

257.26

Purpose of payment (See instructions regarding type of information required.)

Equipment / Tools / campaign

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages Schedule F:

12/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

3/20/01

Home Depot

6 Payee address; City; State; Zip Code

435 Sunset San Antonio TX 78209

268⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Supplies

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office soughtRECEIVED
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2001 APR 5 PM 2:31

Date

Payee name

Amount (\$)

3/20/01

Target

Payee address; City; State; Zip Code

8421 HWY 281 San Antonio TX 78216

140⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Supplies

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/22/01

Albertson

Payee address; City; State; Zip Code

2224 S. St. Mary's St. San Antonio TX 78212

25.02

Purpose of payment (See instructions regarding type of information required.)

Fuel

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/22/01

Office MAX

Payee address; City; State; Zip Code

235 Basse Rd.
The Quarry San Antonio, TX 7820986¹⁶

Purpose of payment (See instructions regarding type of information required.)

Supplies

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

13/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

3/23/01

Sax Burgers

6 Payee address; City; State; Zip Code

330 E Grayson San Antonio TX 78205

40.56

8 Purpose of payment (See instructions regarding type of information required.)

Food Expense

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought

Office held

Date

Payee name

Amount (\$)

3/23/01

Christ The King Church

Payee address; City; State; Zip Code

2619 Perez St San Antonio, TX 78207

50

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought

Office held

Date

Payee name

Amount (\$)

3/23/01

Sprint

Payee address; City; State; Zip Code

255 E Bass
The Quarry San Antonio, TX 78209

382.79

Purpose of payment (See instructions regarding type of information required.)

Phone Expenses

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought

Office held

Date

Payee name

Amount (\$)

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Rd San Antonio, TX 78202

1626.23

Purpose of payment (See instructions regarding type of information required.)

Advertising

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

14 15

2 FILER NAME

3 ACCOUNT # (Ethics Commission Users)

4 Date

5 Payee name

Mobile Mini

7 Amount (\$)

3/24/00

6 Payee address; City; State; Zip Code

16707 N. IH 35 San Antonio, TX 78154

121.22

8 Purpose of payment (See instructions regarding type of information required.)

Storage

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Illusion Rentals

Amount (\$)

3/24/01

Payee address; City; State; Zip Code

119 Idaho St. San Antonio, TX 78202

250

Purpose of payment (See instructions regarding type of information required.)

Tent rental

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Jannet's Jerk BBQ

Amount (\$)

3/28/01

Payee address; City; State; Zip Code

Miselle San Antonio, TX 78201

339.62

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

US Postal Service

Amount (\$)

3/31/01

Payee address; City; State; Zip Code

Laurel Heights Branch San Antonio TX 78212

39.95

Purpose of payment (See instructions regarding type of information required.)

Postage

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages Schedule F:

15/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

001

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4 Date

5 Payee name

Beyan Gentry

7

Amount (\$)

6 Payee address; City; State; Zip Code

3/3/01

100⁰⁰

APR - 5 PM 2:21

8 Purpose of payment (See instructions regarding type of information required.)

Contribution

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Melissa Coulter

Amount (\$)

Payee address; City; State; Zip Code

3/31/01

2826 Vance Jackson San Antonio TX 78213

253⁷⁷

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Michael Villavreal

Amount (\$)

Payee address; City; State; Zip Code

4/1/01

Blanco San Antonio, TX 78212

1750⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Data Collection Services

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Luke Rodriguez

Amount (\$)

Payee address; City; State; Zip Code

4/1/01

535 W. Magnolia
San Antonio, TX 782121200⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

16/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

6 Payee address;

City; State; Zip Code

7

Amount

(\$)

4/1/01

Treaty Publication

PO Box 140285 Austin TX 78714

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8 Purpose of payment (See instructions regarding type of information required.)

Advertising

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought

Date

Payee name

Payee address;

City; State; Zip Code

Amount

(\$)

4/1/01

Rotary Club

San Antonio, TX

500.00

Purpose of payment (See instructions regarding type of information required.)

Dues

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address;

City; State; Zip Code

Amount

(\$)

4/3/01

Curtis Wayne

San Antonio TX

275.00

Purpose of payment (See instructions regarding type of information required.)

Services New Dealer

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address;

City; State; Zip Code

Amount

(\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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19639.54

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

1/15/01

Tom Dreiss

6 Contributor address; City; State; Zip Code

12 Santa Anita San Antonio, TX 78261

250.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/10/00

Joseph Condello

Contributor address; City; State; Zip Code

9119 Don Mills San Antonio TX 78250

1000.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

1/12/01

Fabian Rodriguez

Contributor address; City; State; Zip Code

6287 Apple Valley San Antonio TX 78242

1000.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

1/15/01

Chester Drash

Contributor address; City; State; Zip Code

15322 Pebble Dew San Antonio TX 78232

250.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

1/18/00

Edward Torres

Contributor address; City; State; Zip Code

2727 Table Creek Apt 226 San Antonio TX 78250

500.00

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

1/12/01

J Rick Day

6 Contributor address; City; State; Zip Code

7001 Creekwood Pass
Spring Branch San Antonio, TX 78070

50.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

1/13/01

Mary Midkiff

Contributor address; City; State; Zip Code

21321 Babcock #7
San Antonio, TX 78255

250.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/20/01

Donze Lopez

Contributor address; City; State; Zip Code

117 Blue Star No. 3
San Antonio TX 78204

200.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/22/01

Priscilla Pina

Contributor address; City; State; Zip Code

213 upon st.
San Antonio, TX 78212

50.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/20/01

Steve Giast

Contributor address; City; State; Zip Code

701 N. St. Marys #38
San Antonio TX 78205

250.00

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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1 Total pages this Schedule A1: 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/15/01

Gaylord E. Reeves

6 Contributor address; City; State; Zip Code

2610 Rim Oak
San Antonio, TX 78232

250.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/21/01

Curtis C. Gunn, Sr.

Contributor address; City; State; Zip Code

P.O. Box 598
San Antonio, TX

500.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/21/01

Martin, Drought & Torres Attorneys at Law

Contributor address; City; State; Zip Code

300 Convent Street
San Antonio, TX 78205

500.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/24/01

Stanley Blend

Contributor address; City; State; Zip Code

16427 Axis Trail
San Antonio TX 78232

150.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/24/01

J.A. Cappelli

Contributor address; City; State; Zip Code

347 Wilkens Ave
San Antonio, TX 78210

5.00

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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1 Total pages this Schedule A1: 4

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/22/01

Patrick Kennedy

6 Contributor address; City; State; Zip Code

112 Pecan Ste. 2810

San Antonio TX 78205

1000.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/21/01

Grant McFarland

Contributor address; City; State; Zip Code

305 Wildrose Ave

San Antonio TX 78209

25.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/23/01

Jerry W. Cobb

Contributor address; City; State; Zip Code

6114 Autumn Arbor

Houston TX 77092

250.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/23/01

Alan H. Vanderhider

Contributor address; City; State; Zip Code

5411 San Pedro

San Antonio, TX 78212

250.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/8/01

Jesse H. Oppenheimer

Contributor address; City; State; Zip Code

711 Navarro St.

San Antonio, TX 78205

100.00

Principal occupation (Optional)

Employer (Optional)

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1 Total pages this Schedule A1: 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/25/01

Victor J. Ferrari

6 Contributor address; City; State; Zip Code

3419 Hunters Wind St.

San Antonio, TX

78230

25.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/27/01

Charles E. Cheever

Contributor address; City; State; Zip Code

501 Terrell Road

San Antonio, TX

78209

200.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Al Medina

Contributor address; City; State; Zip Code

P.O. BOX 13335

San Antonio, TX

78213

100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Lawrence L. Roddick

Contributor address; City; State; Zip Code

11520 Huebner #206

San Antonio, TX 78230

500.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/25/01

E.P. Waller Jr.

Contributor address; City; State; Zip Code

112 EL Cerro

San Antonio, TX 78232

100.00

Principal occupation (Optional)

Employer (Optional)

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SCHEDULE A1
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1 Total pages this Schedule A1: 4

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/23/01

Justine Daly

6 Contributor address; City; State; Zip Code

303 E. Quincey Ste. 207

San Antonio, TX 78215

100.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/26/01

Charles C. Butt

Contributor address; City; State; Zip Code

335 King William

San Antonio, TX 78204

500.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Larry K. Travis

Contributor address; City; State; Zip Code

239 Lovera

San Antonio, TX 78212

50.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Bob Ross Realty

Contributor address; City; State; Zip Code

P.O. BOX 28490

San Antonio, TX 78228

250.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Alamo Communications Brokers

Contributor address; City; State; Zip Code

7727 Branston

San Antonio, TX 78250

500.00

Principal occupation (Optional)

Employer (Optional)

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SCHEDULE A1

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1 Total pages this Schedule A1: 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/28/01

Suren Kamath

6 Contributor address; City; State; Zip Code

1107 Wurzbach

San Antonio, TX 78230

300.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

David P. Stanush

Contributor address; City; State; Zip Code

1451 Old Boerne Rd.

Bulverde TX 78163

100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Lorena Merlo

Contributor address; City; State; Zip Code

1300 Patricia Apt. 1005

San Antonio, TX 78213

100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

George Eugene Simor

Contributor address; City; State; Zip Code

1617 E. Commerce

San Antonio, TX 78205

100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/27/01

R. F. McGoon

Contributor address; City; State; Zip Code

3700 Blanco Rd.

San Antonio, TX 78212

1000.00

Principal occupation (Optional)

Employer (Optional)

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SCHEDULE A1

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SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 8

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/28/01

Roberto P. Gonzalez

6 Contributor address; City; State; Zip Code

1747 Fawn Gate
San Antonio, TX 78248

500.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

John P. Walker

Contributor address; City; State; Zip Code

1603 Nacogdoches
San Antonio, TX 78209

500.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Donna Lindsey

Contributor address; City; State; Zip Code

314 W. Hollywood
San Antonio, TX 78212

50.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Jay S. Norton Attorney At Law

Contributor address; City; State; Zip Code

222 Main Plaza
San Antonio, TX 78205

1000.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/26/01

San Antonio Police Officers Assoc. PAC

Contributor address; City; State; Zip Code

1939 N.E. Loop 410 #230
San Antonio, TX 78217

3500.00

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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1 Total pages this Schedule A1: 4

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/28/01

Alamo Auto Sound & Security

6 Contributor address; City; State; Zip Code

1806 McCullough
San Antonio, TX 78212

100.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Kenneth W. Brown

Contributor address; City; State; Zip Code

1249 Wiltshire
San Antonio, TX 78209

1000.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

John W. Feik

Contributor address; City; State; Zip Code

9171 Rodelle St.
San Antonio, TX 78240

250.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

M. Mike Garza, III

Contributor address; City; State; Zip Code

113 East Worwood Cte.
San Antonio, TX 78212

100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Robert J. Ross

Contributor address; City; State; Zip Code

7102 McCullough
San Antonio, TX 78216

250.00

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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1 Total pages this Schedule A1: 10

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/28/01

Manuel G. Escobar

6 Contributor address; City; State; Zip Code

201 W. Poplar

San Antonio, TX 78212

1000.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/26/01

Valero Political Action Committee

Contributor address; City; State; Zip Code

P.O. Box 500-MS-36

San Antonio, TX 78201

1000.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/27/01

Marmon Mok

Contributor address; City; State; Zip Code

700 N. St. Mary's Ste. 1600

San Antonio, TX 78205

250.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/28/01

Ruben Escobar

Contributor address; City; State; Zip Code

745 E. Mulberry Ste. 777

San Antonio, TX 78212

250.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/29/01

Paul H. Johnson

Contributor address; City; State; Zip Code

163 Park Hill Dr.

San Antonio, TX 78212

100.00

Principal occupation (Optional)

Employer (Optional)

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SCHEDULE A1

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1 Total pages this Schedule A1: 11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/28/01

Charles E. Amato

6 Contributor address; City; State; Zip Code

9311 San Pedro, Apt 6000
San Antonio TX 78216

250⁰⁰

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/29/01

Douglas Beach

Contributor address; City; State; Zip Code

217 Alamo Plaza
SAN ANTONIO, TX 78205

500⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/3/01

Rolando Pablos

Contributor address; City; State; Zip Code

43 Chapel Hill
SAN ANTONIO, TX 78240

500⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4/3/01

G. W. Wouth

Contributor address; City; State; Zip Code

6929 Camp Bullis Rd
San Antonio, TX 78256

2500⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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